Parents: To assist the school in meeting the specific needs of your child with diabetes, please complete this form and return to your school nurse.

## Diabetes Insulin Pump School Care Plan

Child's name	D	ate of birth	
Grade Teacher	S	chool	
Type of Insulin Pump			
☐ Medtronic Minimed Paradigm	☐ Deltec Coz	mo [	
☐ Medtronic Minimed 508	☐ Disetronic	H-Tron	Other
<b>Type of Insulin</b>			
☐ Humalog	□ Novolog		] Other
<b>Blood Glucose Monitoring</b>			
Type of meter:	Tir	ne(s) of day to tes	t:
Where is meter kept during school he	ours:		
Location in school where student is t	o test:		
Does child need assistance with bloo	d glucose monitor	ing (please circle)	: Yes No
Recognition of Hypoglycemia (le	ow blood glucos	<u>e)</u>	
Symptoms typically seen:			
Time of day most likely to occur:			
At what blood glucose level should t	reatment be given:		
Treatment of choice (provided by the	e family):		
Recognition of Hyperglycemia (	high blood gluce	ose)	
Symptoms typically seen:			
Treatment: Liberal bathroom	orivileges and in	crease non-calo	oric fluid intake.
At what blood glucose level should	d parents be call	ed?	
Insulin correction dose:			
Person responsible for administer	ing insulin:	□ Paren	t □ Child
		□ Other	(list)
Additional instructions for Treatn	nent:		
If vomiting, call parents immediate			
· 1	-		

Type of meal plan:			
□ Carbohydrate	_		
			alin prior to lunch. The insulin dose will nee f carbohydrate the child will be eating. Many
	children will have		pohydrate ratio to help them match their insu
	to food.  Insulin-carbo	hydrate ratio	unit(s) of insulin for every gram
	carbohydrate (	(example: 1 unit or	unit(s) of insulin for every gram gram finsulin for every 15 grams of carbohydrate
☐ Set meal plan		311.1	.1.1
			eal plan where they eat the same amount of clunch insulin is not necessary for children
			they have a high blood glucose.
	snacks during school hes are snacks needed?		
List food items to b	be provided by family $\overline{f}$	or snacks.	
Special Parties/Field Special parties, field	ld trips & other events v	will occur during t	he school year. How would parents like
to be contacted abo	out these events?		
	ccasions at school (plea		
2. I will prov	will be responsible for n vide appropriate substitu		
2. I will prov  Other School Person lease check which othe  Office staff Librarian Bus drivers	vide appropriate substituente s	alld be aware of thi cipal, Assistant Pro- chers	I. Yes No  Is Diabetes School Care Plan.  Incipal □ Lunch room personnel  □ Classroom representative
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Jarrett, APRN, MS, CDE; Paula Johnson, RN, BSN; Carol Rasmussen, RNC, CDE; and Virginia Sanchez, RN, BS.

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